

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. 10684589 FILING DATE 10-15-03
 APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP
1	/		/				51								
2		/		/			52								
3		/		/			53								
4		/		/			54								
5		/		/			55								
6		5		/			56								
7		0		/			57								
8		0		/			58								
9		0		/			59								
10		0		/			60								
11		0		/			61								
12		0		/			62								
13		0		/			63								
14		0		/			64								
15		0		/			65								
16		0		/			66								
17		0		/			67								
18		0		/			68								
19		0		/			69								
20		0		/			70								
21		0		/			71								
22		0		/			72								
23		0		/			73								
24		0		/			74								
25		0		/			75								
26		0		/			76								
27		0		/			77								
28		0		/			78								
29		0		/			79								
30				/			80								
31				/			81								
32				/			82								
33				/			83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	1		1				TOTAL IND.								
TOTAL DEP.	32		32				TOTAL DEP.								
TOTAL CLAIMS	33		33				TOTAL CLAIMS								